

Employment Application for

OFFICE ASSISTANT IV – DPW OPERATIONS DIVISION -

ENVIRONMENTAL SERVICES

RETURN APPLICATION TO:

Department of Employee Relations City Hall, Room 706 200 E. Wells St. Milwaukee, WI 53202-3554 414-286-3751 www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT- Please:

- 1. Print answers in black ink.
- 2. Answer all questions. Credit may not be given for incomplete information.
- 3. Date and sign page 2.
- 4. Staple together all pages of your application.
- 5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initial)					
Address					
City, State, Zip Code					
Day phone: () - Evening phone: () -					
Cell phone: () - Email Address:					
List any other names by which you have been known on official records:					
Do you currently live in the city of Milwaukee? Yes No					
If yes, when did you become a resident? (month/year)					
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:					
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:					
TYPE NUMBER (if any) TYPE NUMBER (if any)					
You must be PRESENTLY employed by the City of Milwaukee to apply for this position. Please list the following:					
Position Title Employee ID#					
Department From (month/yr) to (month/yr)					
If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.					
If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please write NO.					
YOU MUST PROVIDE YOUR BIRTHDATE ON THE APPLICANT DATA SHEET OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the field below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.					
CHARGE DATE LOCATION COURT DISPOSITION OF CASE					
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied.					

READ CAREFULLY BEFORE SIGNING:

Exam#10-048TR

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

DITTE:

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	HIGH	I SCHOOL OR HI	GH SCHOO	L FOL	JIVALF	ENCY		
Did you graduate from				LLQU				
If Yes, Name and Locat	-							
Have you passed a high	_		t? □ Yes □	l No				
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		From	То	FT	# of	\/\210r	Field	Type of
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			ING EDUCA					
Please describe any oth	er training or p	professional seminar	s in which you	ı partici	ipated th	nat relate to th	is positio	on.
								Dates
Name of Seminar or	Workshop	Sponsoring (Organization		Lo	cation	A	Attended
		PROFESSION	AL CERTIFIC	CATIC	NS			
Do you <u>currently</u> hold a	any profession	al designations or ce	ertifications rel	ated to	this pos	ition? □	Yes	□ No
If yes, list certifications,	, sponsoring or	rganizations, states, a	and dates in w	hich the	ey were	obtained:		
NI CO CC		C		1 .	01-1		D :	
Name of Certific	cation	Sponsoring O	rganization		State		Dates	

ORGANIZATIONAL MEMBERSHIPS

Are you currently, or have you been in the past, a member of any professional organizations relating to this position? If yes, list below:

Name of Organization	Dates of Membership	Offices Held

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. Treat each change of job title with the same employer as a new entry. In addition, list any other paid or unpaid work experience that may qualify you for a position. Attach additional pages if necessary.

Title		Salary/Wago	e per
From	To	Total No. of Months	Hours/week
Employer:			
Address			
City		State	Zip Code
Supervisor's N	Tame and Title		
Reason for leav	ving		
percentage of t	time spent in each a	position in terms of your duties a rea.	_
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percentage of t	ime spent in each a	rea.	
percentage of t	ime spent in each a	rea.	

B. Previous Position:

1.	Title	Salary/Wage	per
2.	From To	Total No. of Months	Hours/week
3.	Employer:		
4.	Address		
5.	City	State	Zip Code
6.	Supervisor's Name and Title		
7.	Reason for leaving		
8.	Describe your experience for this post percentage of time spent in each area		d specific responsibilities. Indicate the
	%		
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C. Previous Position:

1.	Title	Salary/Wage	per
2.	From To	Total No. of Months	Hours/week
3.	Employer:		
4.	Address		
5.	City	State	Zip Code
6.	Supervisor's Name and Title		
7.	Reason for leaving		
8.	Describe your experience for this percentage of time spent in each are		d specific responsibilities. Indicate the
	%		
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D. Previous Employer:

1.	Title		Salary/Wage	per
2.	From	То	Total No. of Months	Hours/week
3.	Employer: _			
4.	Address			
5.	City		State	_ Zip Code
6.	Supervisor's	Name and Title		
7.	Reason for le	eaving		
8.		ur experience for this of time spent in each a		d specific responsibilities. Indicate the
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PROFESSIONAL EXPERIENCE

De	scribe your specific experiences in each of the following areas. For each experience described, identify the
em	ployer where this experience was gained and the number of years of experience.
	(If you need more space, make additional copies of this page, or attach additional sheets.)
1.	Providing customer service, such as responding to calls regarding complaints, inquiries and request for service (from supervisors, officials, other departments, City call center, and other members of the public):
2.	Organizing and maintaining files and personnel records:
3.	Preparing correspondence, memos, and reports:
4.	Creating and updating spreadsheets (in addition, see page 10):
5.	Organizing and maintaining payroll processing and time cards entry using the FMIS and/or the HRMS – PeopleSoft/Oracle system:

6.	Working with office equipment, such as copiers and fax machines:
_	
7.	Examining documents for accuracy:
_	
8.	Working with a multicultural and multi-level staff, other City departments, vendors, and the public:

COMPUTER SOFTWARE. Assess your level of expertise with the following computer software applications, and indicate your proficiency level below:

Microsoft Excel Microsoft PowerPoint Microsoft Access Microsoft Outlook Internet Explorer DTHER SOFTWARE: Financial Management Information System (FMIS - PeopleSoft/Oracle) Human Resources Management System (HRMS - PeopleSoft/Oracle) Specify: Spec		No Familiarity	Basic	Intermediate	Advanced
Microsoft Excel Microsoft PowerPoint Microsoft Access Microsoft Outlook Internet Explorer DTHER SOFTWARE: Financial Management Information System (FMIS - PeopleSoft/Oracle) Human Resources Management System (HRMS - PeopleSoft/Oracle) Specify: Spec	STANDARD SOFTWARE:				
Microsoft PowerPoint Microsoft Access Microsoft Outlook Internet Explorer OTHER SOFTWARE: Financial Management Information System (FMIS - PeopleSoft/Oracle) Human Resources Management System (HRMS - PeopleSoft/Oracle) Specify: Me space below, please list any professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements, special projects, awards or honors, and other professional achievements.	Microsoft Word				
Microsoft Access Microsoft Outlook Internet Explorer OTHER SOFTWARE: Financial Management Information System (FMIS - PeopleSoft/Oracle) Human Resources Management System (HRMS - PeopleSoft/Oracle) Specify: Spe	Microsoft Excel				
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TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the	examination process?
Yes	_ No
If yes, what kind of accommodations will you need?	
A signer	
A reader	
Extra time	
Other (Please describe)	
Comments:	
SIGNATURE:	DATE:

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLI	SE PRINT
1.	Name:
2.	Recruiting information: How did you FIRST hear about this job opening? (please check only one) A. Milwaukee Journal Sentinel B. Other Newspaper (please specify) C. City Hall Posting D. Library Posting E. Community Agency Posting (please specify) F. College or University Posting (please specify) G. From a City Employee H. From Someone who is NOT a City Employee J. Job Hotline Number (414-286-5555) J. Received Job Interest Postcard in mail K. Job Fair/Career Talk (please specify) L. TV (please specify station) M. Radio (please specify station) N. www.milwaukee.gov/jobs O. Other internet site (please specify) P. OTHER (please specify)
3.	Sex (please check one): MALE FEMALE
4.	Race (please check one): Black/African American (not of Hispanic origin) Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin) Native American Indian/Alaskan Native Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan Korea, Philippine Islands, Samoa)
5.	List any languages, other than English, which you speak FLUENTLY:
6.	Certain Federal grant positions may require public housing development residency. Please complete the following you are currently living in a City of Milwaukee public housing development. I live in the Housing Development.
The	bove completed information is true to the best of my knowledge.
SIC	ATURE DATE